

## **Multifetal Gestation**

*Nursing 201: Nursing Care of Special Populations*

### **Multifetal gestation:**

- Increased incidence r/t:
  - Fertility Assistance
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  - Woman
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### **Types:**

- Monozygotic (identical)
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  - Genetically identical
  - Same gender/ appearance
- Dizygotic (fraternal)
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  - May be the same or differing genders
  - Most common
  - Common with in vitro
- Conjoined
  - Incomplete splitting of an embryo into two separate twins

### **Placenta Types:**

- Monochorionic: one chorion
  - Monozygotic twins (identical)
  - Increased rates of perinatal \_\_\_\_\_ and \_\_\_\_\_ injury
  - 1% of monozygotic twins are also monoamniotic
    - R/F \_\_\_\_\_
- Dichorionic: two chorions

*Chorion:* outer membrane that separates fetal membranes from maternal vessels (close to uterus)

*Amnion:* inner membrane surrounding amniotic fluid (like saran wrap)

- The number of amnions and chorions depends on the timing of division after fertilization

## Multifetal Diagnosis:

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## Maternal Risks

- Preterm labor
- HTN disorder
- Gestational DM
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- C/S

## Fetal and NB Risks

- Mortality/ Morbidity r/t
- Preterm labor
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- Low birth weight
- IUGR
- Discordant Growth
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- R/F
  
- Twin to Twin Transfusion Syndrome (TTTS)
  - Single placenta contains blood vessel connections between twins
  - Vessels become “unbalanced”
  - Small twin: \_\_\_\_\_
    - Anemic (pale), poor circulation
    - SGA
    - May require transfusion
  - Larger twin: \_\_\_\_\_
    - Overloaded with blood- ruddy/jaundice
    - More blood=
    - Increased cardiac workload
    - LGA

- Treatment in utero:
  - Drain amniotic fluid:
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  - Selective Laser Photocoagulation
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    - \$\$
  - Selective Cord Coagulation
    - Stops BF to cord
    - Selective reduction of one twin
    - Purposeful to save the life of other
    - Used when laser ablation not possible or twin close to demise

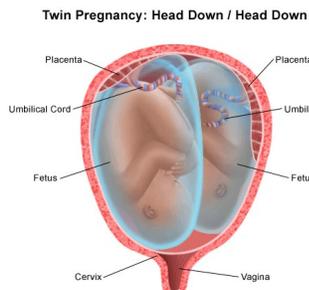
**Antepartal Management:**

- On-going, frequent follow-up
- Nutrition consult
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- Signs of Preterm labor
  - I.E.
- Serial US to assess growth
- Daily Activities:
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- Reduce Back Discomfort:
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- Delivery Goals:
  - Twin 38 weeks
  - Triplets 35 weeks
  - Morbidity \_\_\_\_\_ with early gestational age

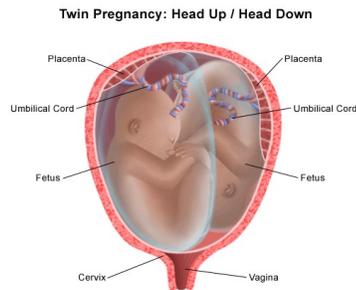
## Intrapartal Management

- Mom:
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  - Anesthesia
  - Type and Screen
- Baby:
  - Possible resuscitation
  - C/S for malpresentation
  - Continual monitoring
  - Duplicate equipment

### Vag Delivery



### C/S Delivery



## Postpartum Management:

- PP Hemorrhage managment
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- Co-bedding
- D/C Home